

## Arizona Department of Health Services Office for Children with Special Health Care Needs Integrated Services Grant



## **Committee Action Planning**

The Integrated Services Grant Initiatives has formed seven committees to address specific areas of the grant. The Committees are:

- Quality Improvement
- o Education and Training
- o Cultural Competency
- Specialty Services
- o Insurance
- Parent Action Council
- Youth Action Council

The following template provides a framework for planning committee actions and tracking the strategies and actions to the outcomes desired. Each Committee will complete the template to further define the strategy(ies), Actions and timelines for the work of the Committee. The completed Action plans will provide the basis for monitoring and reporting on the activities of the Committees.

## Definitions:

Task: The areas assigned to the Committee based on the grant requirements.

Outcome/Performance Measures (s): The outcome desired from the work of the Committee and the performance measures to be impacted by this work.

<u>Strategy:</u> The major activity(ies) that will take place in order to achieve the goal. A Task may have more than one strategy.

<u>Action:</u> The step by step process to implement / complete the strategy. For each strategy, the actions (next steps) define how the strategy will be implemented.

<u>Timeline</u>: The Starting month & year and projected ending month & year for implementing the strategy.

## **Committee Name: Parent Action Council**

Goal: To provide a single informational resource about all activities involving parents throughout the state, and to facilitate cross training, and mentoring of all parents.

Task	Outcome/Performance Measure(s)	Strategy	Action	Timeline
1. Review local	1. The percent of MCHB funded		* develop a mechanism	
activities and make	projects that are sustained in the		* what's going on?	
recommendations	community after the federal grant		* two new teams	
to the Task Force.	period is completed.			
	2. The degree to which MCHB supported programs ensure family		• identify best practices (how	
	participation in program and policy		people think it works	
	activities.		if activities	
	<ul> <li>Family members participate on</li> </ul>		occurring in other	
	committees or task forces and are		states	
	offered training, mentoring, and		*Family Voices	
	reimbursement.		*Maternal and Child	
			Health Bureau	
	<ul> <li>Financial support (financial</li> </ul>		(MCHB)	
	grants, technical assistance,		*Spina Bifida	
	travel, and child care) is offered		Association	
	for parent activities or parent		*Parent Advocacy	
	groups.		Coalition for	
			Educational Rights	
	Family members work with their		(PACER)	
	professional partners to provide		*National Institutes	
	training (pre-service, in-service,		of Health (NIH)	
	and professional development to		• general training that	
	MCH/CSHCN staff and		is parent driven or	
	providers.		organized	
			• more than 1:1	

• Family members are hired as paid staff or consultants to the program (a family member is hired for his or her expertise as a family member.	<ul> <li>if evaluations used,</li> <li>id means of getting</li> <li>the information</li> <li>develop training</li> <li>tracking form</li> </ul>
3. The degree to which MCHB supported programs have incorporated cultural competency elements into their policies, guidelines, contracts, and training.  • The grantee collaborates with families of culturally diverse groups in:  * Program Planning  * Service delivery  * Evaluation/monitoring of services	
The grantee collaborates with informal community leaders/groups (e.g. natural networks, informal leaders, spiritual leaders, ethnic media, family advocacy groups) in various aspects of:  Program Planning Service delivery  Evaluation/monitoring of Services	develop mechanism     by which family     voice is heard (focus     groups) for Title V     Block Grant,     strategic planning,     annual plans
4. The degree to which grantees have assisted States in increasing the percent of children with special health care needs, age 0 to 18, whose	

families have adequate private and/or	
public insurance to pay for needed	
services.	
The grantee was able to assist	
the state in developing	
partnerships and collaborating	
with key stakeholders in the	
states, such as State agencies	
(AHCCCS, State Insurance	
Commission), health insurance	
companies/managed care	
organizations, provider	
organizations (hospitals,	
physician groups); employers,	
unions, and other employee-	
related organizations; families	
and consumer groups.	